

Cluster Area CI: General Supervision

Question: Is effective general supervision of the implementation of the Individuals with Disabilities Education Act ensured through the Lead Agency's (LA) utilization of mechanisms that result in all eligible infants and toddlers and their families having an opportunity to receive early intervention services in natural environments (EIS in NE)?

State Goal: For Reporting period July 1, 2003 through December 31, 2003

Louisiana will ensure effective general supervision of the implementation of the Individuals with Disabilities Education Act through the Lead Agency by utilizing data collection and complaint mechanisms that result in all eligible infants and toddlers and their families having an opportunity to receive early intervention services in natural environments.

Performance Indicator(s): For Reporting period July 1, 2003 through December 31, 2003

GS.I The general supervision instruments and procedures (including monitoring, complaints and hearing resolution, etc.), used by the Lead Agency, identify and correct IDEA noncompliance in a timely manner.

GS.II The systemic issues are identified and remediated through the analysis of findings from information and data collected from all available sources, including monitoring, complaint investigations, and hearing resolutions.

GS.III The complaint investigations, mediations, and due process hearings and reviews are completed in a timely manner.

GS. IV There are sufficient numbers of administrators, service coordinators, teachers, service providers, paraprofessionals, and other providers to meet the identified early intervention needs of all eligible infants and toddlers and their families.

GS.V The state procedures and practices ensure collection and reporting of accurate and timely data.

1. Baseline/Trend Data: July 1, 2003 through December 31, 2003 (See attachment 1 for detail) .

2. Targets: July 1, 2003 through December 31, 2003

3. Explanation of Progress or Slippage: July 1, 2003 through December 31, 2003

4. Projected Targets: January 1, 2004 through June 30, 2004

Louisiana will monitor providers to ensure compliance to Part C regulations through the Continuous Improvement Focused Monitoring System (CIFMS).

5. Future Activities to Achieve Projected Targets/Results: January 1, 2004 through June 30, 2004

Louisiana will hire Quality Assurance Specialist to monitor all providers of service in the Part C system to assist with CIFMS.

6. Projected Timelines and Resources: January 1, 2004 through June 30, 2004

Louisiana will utilize federal and state resources to ensure compliance through the CIFMS.

GS.I and GS.II

Effective July 1, 2003, the Louisiana Department of Health & Hospitals became the Lead Agency for Part C. There were several changes DHH implemented to the general supervision and monitoring system. In 2001, Louisiana's monitoring report identified a number of findings of noncompliance under Part C. Formerly as Lead Agency, the Department of Education monitored 26 contracted agencies and identified findings of noncompliance under Part C. The agencies submitted corrective action plans, however, the corrective action plans were not monitored further to verify compliance. In December 2003, the Department of Health & Hospitals (DHH) initiated reviews of the original findings identified by the Department of Education. DHH reviewed 23 of the 26 agencies previously monitored by DOE. Three agencies were no longer providing early intervention services; therefore, reviews were not conducted. In the DHH review, most of the original findings identified by the DOE were corrective with the implementation of the redesigned administrative structure and improved data system. For example, agencies were found out of compliance in areas of documentation involving the accurate completion of the IFSP. The data system corrected most of the data elements related to areas of noncompliance. However, there were areas of noncompliance that remained. Listed below is the system DHH has developed to determine level of compliance and the results of the monitoring conducted.

Level	Percent in Compliance	Required Corrective Action	Number of Agencies
I	100% in compliance	No corrective action required, agency publicly commended for exemplary compliance	1
II	90-100% of all items in compliance	Agency submits an assurance that all items out of compliance will be corrected. DHH follows-up no later than 6 months to ensure compliance.	1
III	89-50% of all items in compliance	Agency staff involved in Early Steps participates in mandatory technical assistance sessions addressing noncompliance provided by DHH and submits a corrective action plan within two weeks of required technical assistance session. This required corrective action plan is monitored quarterly for two quarters by DHH for successful implementation of corrective action plan.	16
IV	49-0% of all items in compliance	Agency staff involved in Early Steps participates in mandatory technical assistance sessions addressing noncompliance provided by DHH and submits a corrective action plan within two weeks of required technical assistance session that is monitored monthly for 6 months by DHH for successful implementation of corrective action plan.	5

Louisiana's monitoring report identified the State was not monitoring for compliance with all Part C requirements. Through the Continuous Improvement and Focused Monitoring System (CIFMS) for EarlySteps, Louisiana's Early Intervention System process incorporates several mechanisms and procedures to ensure compliance with Part C of IDEA. The Department of Health & Hospitals (DHH) as lead agency has developed a system of monitoring that ensures compliance with all regulations and policies. The development of the CIFMS includes the use of data from three major sources.

1. The Early Intervention Data System (EIDS)
2. Administrative tracking systems
3. Family and provider information systems

The monitoring report identified all programs and agencies that provided Part C services was not monitored. Quality Assurance Specialists scheduled to be hired by April 2004, are employees of DHH and will be responsible for monitoring all providers—System Points of Entry (SPOEs), Family Service Coordinators (FSCs) and early intervention providers. Monitoring is accomplished through a variety of methods. Routine desk reviews of data from the IFSP data system flags compliance to timelines and other requirements reflected in the data system. Random record reviews, focus groups with families and providers, and surveys are also used to evaluate compliance to regulation and quality of services.

The monitoring report also indicated that Louisiana was not ensuring correction of all the noncompliance that was identified. Focused monitoring for US Department of Education Performance Indicators is incorporated in to the overall supervision and monitoring responsibilities of DHH. All providers, independents and agencies, are required to complete a self-assessment. The Quality Assurance Specialists will verify the information in the self-assessment. Entities (SPOEs, FSC agencies, and providers) who are found to have deficiencies in compliance must submit corrective action plans or assurance statements that include timelines for correction. These plans may be monitored on a monthly, quarterly or bi-yearly basis, depending upon the percentage of noncompliance. Persistent noncompliance results in dismissal as a provider in the EarlySteps and dis-enrollment from the Central Finance Office (CFO).

Financial monitoring is also provided by DHH. Billing records are matched against authorization and IFSP data. Irregularities in billing are investigated and remedied through recoupment of funds and/or dis-enrollment from the CFO.

In addition, the monitoring report identified that State Interagency Coordinating Council (SICC) did not include the required percentage of parents of children with disabilities. As of September 3, 2003, the SICC has a total of 36 members, of which, 11 members (31%) are parent members and of the 11 parents, 6 are parents of a child with a disability under the age of 6. There are several strategies used to recruit and retain members of the SICC including a stipend of \$100 paid to parent members for their attendance at SICC meetings; a call for nominations that include dissemination of applications statewide; and review of membership status at quarterly SICC meetings.

GS.III

(1) July 1, 2002 - June 30, 2003 (or specify other reporting period: 7 / 1 / 03 to 12 / 31 / 03)	(2) Number of Complaints	(3) Number of Complaints with Findings	(4) Number of Complaints with No Findings	(5) Number of Complaints not Investigated – Withdrawn or No Jurisdiction	(6) Number of Complaints Completed/Addressed within Timelines	(7) Number of Complaints Pending as of: 12 / 31 / 03 (enter closing date for dispositions)
TOTALS	7	4	2	0	4	1

During the reporting period of July 1, 2003 through December 31, 2003, EarlySteps received seven formal complaints. Listed below is an explanation of the findings:

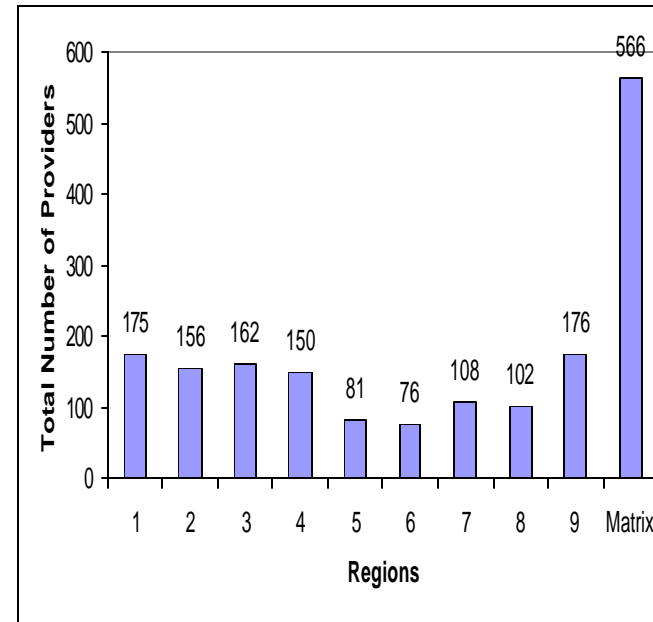
- Three agencies billed the CFO for services that were not provided. Upon completion of the investigation, agencies concurred with EarlySteps findings and reimbursed the system in the amount of \$870.00.
- There was a parent complaint of services billed to her private insurance without her consent. The parent paid co-payments for the services billed. Since the system has not instituted a mechanism for billing private insurance, EarlySteps reimbursed a parent for co-payments in the amount of \$409.07.
- There were three complaints involving Natural Environment and Assistive Technology Devices that were resolved with no findings.
- There is one complaint pending investigation involving a provider not rendering services according to the IFSP.

GS.IV

The fulltime Part C central office staff currently includes 1 Program Manager, 2 Program Specialists, 1 Health Information Specialist, 1 Transition Coordinator and 9 Regional Coordinators. Part-time Part C staff includes 9 Regional Community Outreach Specialists, Nursing Consultant, Social Work and Medical Consultant to provide direct technical assistance and support to all early intervention providers. Additional staff to support the Part C system consists of 3 Quality Assurance Specialists and 1 Family Consultant. Although there have been numerous challenges faced by the DHH in hiring the additional staff, DHH anticipates these positions to be hired by April 2004.

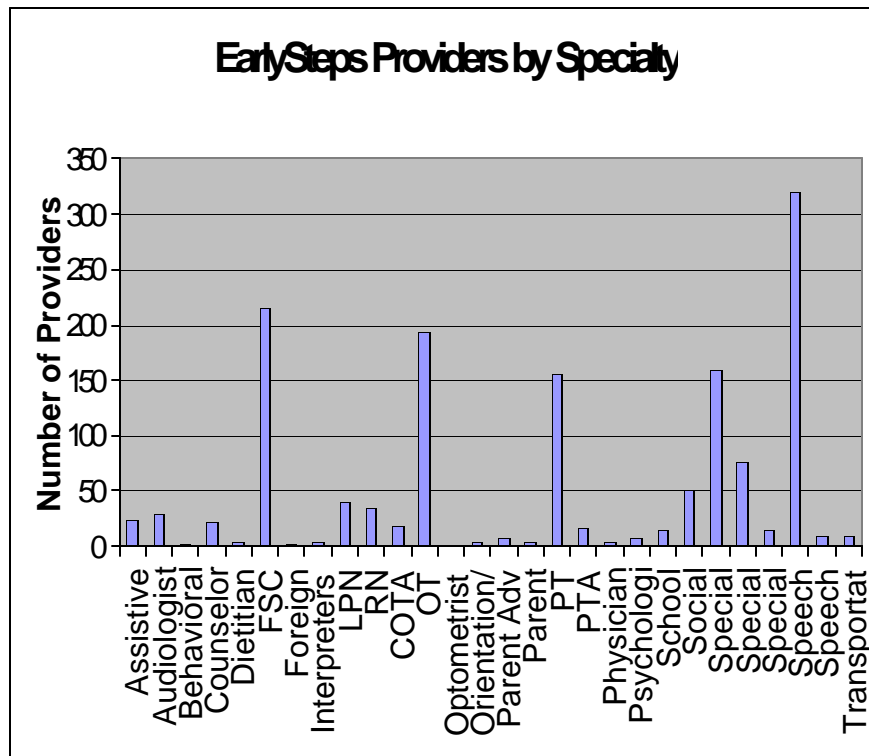
There were several administrative structural changes to the new system. DHH implemented a system for the enrollment and payment of service providers through a Central Finance Office (CFO). Providers who meet the personnel standards are verified and enrolled in the system by the CFO. A main goal in the transition of Lead Agency from DOE to DHH, was to avoid losing existing service providers as well as expanding the participation of partners at the state and local levels to reflect the diversity of resources, supports and services. DHH expanded the provider pool by allowing independent providers to enroll with the CFO. This type of provider system allows for increased availability of service providers as well as provides family choices in the selection of providers to meet their child and family needs. As of December 2003, there were 1661 providers enrolled in the Part C system. Louisiana has a projected target of 2000 service providers by June 30, 2004.

Listed below is a map of the geographic regions of the state and the chart of the providers by region as of December 31, 2003.



As of December 31, 2003, there were a total of 1661 unduplicated providers enrolled statewide. However, the graph above illustrates actual providers by regions servicing children. The graph indicates a total of 1186 providers by region enrolled and providing services, of which there are approximately 92 duplicate providers that provide service across regions. The 566 providers identified by "Matrix" represent providers that have enrolled in the system but have not identified the regions they are available to provide services.

DHH also reviews the number of providers enrolled in the system across the state as well as by parish by specialty to determine provider and service shortages. Below is a chart of statewide providers by specialty enrolled in the system through December 31, 2003.



GS.V

Data is key to the Louisiana's obligations of supervision and monitoring by providing accurate and timely information to direct effective and meaningful interventions and provide technical assistance.

The majority of the data collection requirements for the Part C system are incorporated into the Central Finance Office (CFO) and System Point of Entry (SPOE) functions. The data is utilized at three levels. The first level is for federal reporting, which includes information focusing on the numbers of children served through an IFSP and service delivery including personnel. The second level of data utilization focuses on facilitating state and local planning. The third level of utilization is dedicated to continuous quality assurance at the state and local levels. A variety of data are available at the local SPOE for review and consideration by the Regional Interagency Coordinating Council (RICC), as well as routine data summaries distributed statewide by DHH central office that provide a comparative profile of activities across all parishes in Louisiana. To support the State Interagency Coordinating Council (SICC) with their responsibilities to advise and assist, data is provided at quarterly SICC meetings.

Cluster Area CII: Comprehensive Child Find System

Question: Does the implementation of a comprehensive, coordinated Child Find system result in the identification of all eligible infants and toddlers?

State Goal: For Reporting period December 1, 2003 through December 31, 2003

Louisiana will ensure the implementation of a comprehensive, coordinated Child Find system result in the identification of all eligible infants and toddlers.

Performance Indicator(s):

CC.I The percentage of eligible infants and toddlers with disabilities are receiving Part C services comparable to State and national data for the percentage of infants and toddlers with developmental delays?

CC.II The percentage of eligible infants with disabilities under the age of one that are receiving Part C services comparable with State and national data?

1. Baseline/Trend Data: December 1, 2002

In the 2002 APR, the Department of Education Reported 2,483 eligible children as of December 1, 2002.

2. Targets: December 1, 2003

The Department of Health & Hospitals target to increase eligible children to 3,000.

3. Explanation of Progress or Slippage: December 1, 2003.

The Department of Health & Hospitals reported a 40.88% increase of eligible children for a total of 3,498 eligible children as of December 1, 2003.

4. Projected Targets: January 1, 2004 through June 30, 2004

Louisiana will increase the percentage of eligible children by 25% for a total of 4,378 by June 30, 2004

5. Future Activities to Achieve Projected Targets/Results: January 1, 2004 through June 30, 2004

Louisiana will increase marketing efforts to reach targeted and hard to reach populations.

6. Projected Timelines and Resources: January 1, 2004 through June 30, 2004

Louisiana will conduct a public awareness campaign in January 2004 and June 2004 which will include television and radio advertisement to targeted markets in the state.

CC.I and CC.II

Department of Health & Hospitals, as lead agency is responsible for ensuring that a comprehensive Child Find system is in place. These responsibilities include an effective statewide public awareness program to inform the families of potentially eligible infants and toddlers of the existence of the EarlySteps, Part C Early Intervention System and procedures for accessing these services. Public awareness and Child Find are

linked components in the EarlySteps system. Effective public awareness efforts reach out to referral sources, engage and inform them about the EarlySteps system, and alert them to their responsibilities related to referral.

An effective public awareness program focuses on both internal and external audiences.

- Internal Audiences include all appropriate state agencies, local providers, and agency personnel that are working with early intervention.
- External Audiences include the medical community and members of formal organizations interested in early intervention (e.g., advocates, public and private service providers, parents/legal guardians, civic, business and professional organizations, churches, child care, educators, and teachers).

Child Find efforts at the state level and in local service areas include a variety of approaches designed to inform and educate families and providers about:

- Issues and concerns for children and their development, and
- Resources and contacts for information, identification, and referral.

Child Find efforts are conducted through the distribution of written materials as well as through oral communication (e.g., radio and television public service announcements, presentations to church or community groups, etc.). Information is shared regarding the requirements of a child find system and where to refer children for eligibility determination.

The statewide list of System Points of Entry (SPOEs) and the toll-free number (1-866 EarlySteps) for referring children into the early intervention system is disseminated to all primary referral sources. These SPOEs serve as the initial contact for families and others seeking information about or referral to the EarlySteps System.

Louisiana is implementing Regional Interagency Coordinating Councils (RICCs) statewide. These councils will be challenged with locating and coordinating existing services and planning a local and/or regional system that meets the community's needs for locating, referring, and serving infants, toddlers and their families. Local and/or regional child find efforts are supported through a variety of state-level efforts including state-level interagency agreements. These inter- and intra-agency agreements ensure that the EarlySteps is coordinated with all major Child Find efforts of other state agencies, including but not limited to:

- Part B, Special Education;
- Maternal and Child Health Program/Title V of Social Security Act;
- Medicaid's EPSDT under Title XIX of Social Security Act;
- Developmental Disabilities Council;
- Head Start; and
- Supplemental Security Income Program under Title XVI of the Social Security Act.

DHH, with the assistance of the SICC, ensures that:

- There will not be unnecessary duplication of effort by the various agencies involved in the state's child find system under this part; and
- The state will make use of the resources available through each public agency in the state to implement the child find system in an effective manner.

Referral is actually the first “service” that an eligible child and his/her family receive from the EarlySteps System. The SPOE system ensures that every Louisiana child and their family have equal access to the early intervention system; regardless of where they live. The number of children and families enrolled in EarlySteps varies from parish to parish. The data system tracks referral sources and provides a periodic report for local and regional planning. Referral sources indicate how they (the referral source) learned about EarlySteps and the procedures for making a referral. RICCs and SPOEs will track referrals, sources of referrals, and other key indicators (such as those who decline to participate) to judge the integrity of their local public relations work, child find, and referral system. DHH will monitor this from the state level and provide technical assistance accordingly. A “primary referral source” is the individual or agency that first referred the child to the System Point of Entry (SPOE). A standardized referral form has been developed, along with a cover letter intended for distribution by the local SPOEs, for all referral sources. Referral sources receive an acknowledgment of the referral as part of the standard practice of the SPOE. This notification is simply for the purpose of acknowledging the receipt of referral and does not necessarily mean contact with the family has occurred. This acknowledgement does not include any personally identifiable information unless the parent has given consent to include it. Any further information regarding test results or types of early intervention cannot be shared without informed written consent from the parent(s). At the point of referral, the SPOE will open both the paper and electronic early intervention records. An Intake Coordinator is required to contact the family within 48 hours.

During the reporting period, July 1, 2003 through December 2003, EarlySteps implemented a comprehensive public awareness effort to inform stakeholders about the change in lead agency, recruit providers to enroll in the new system, and increase public awareness. A public relations committee, consisting of key stakeholders (i.e. parents, providers, Department of Education (DOE) employees, and DHH employees) was formed by the SICC in order to advise and assist DHH with the development and implementation of a statewide public awareness campaign. In order to achieve these goals, DHH conducted trainings, hired a Public Relations firm, implemented statewide outreach, and developed informational materials to assist in increasing awareness of the EarlySteps, Louisiana’s Early Intervention System.

DHH issued a Request for Proposal in order to select a qualified company to create a name and logo for the Part C program, and to implement a comprehensive public awareness campaign. A successful advertising agency based in New Orleans, was awarded the contract in July 2003. The advertising agency research team conducted a SWOT analysis (strengths, weaknesses, opportunities, and threats) to assist in developing a name, logo, and appropriate public awareness strategies specific to our program. Furthermore, they received input from the SICC Public Awareness Committee and various stakeholders and incorporated these ideas into their research findings. Based on this information, the agency created the name EarlySteps (Louisiana’s Early Intervention System). The logo as seen below, cleverly uses a caterpillar and butterfly to symbolize the process of growth and development during the initial years of early childhood.



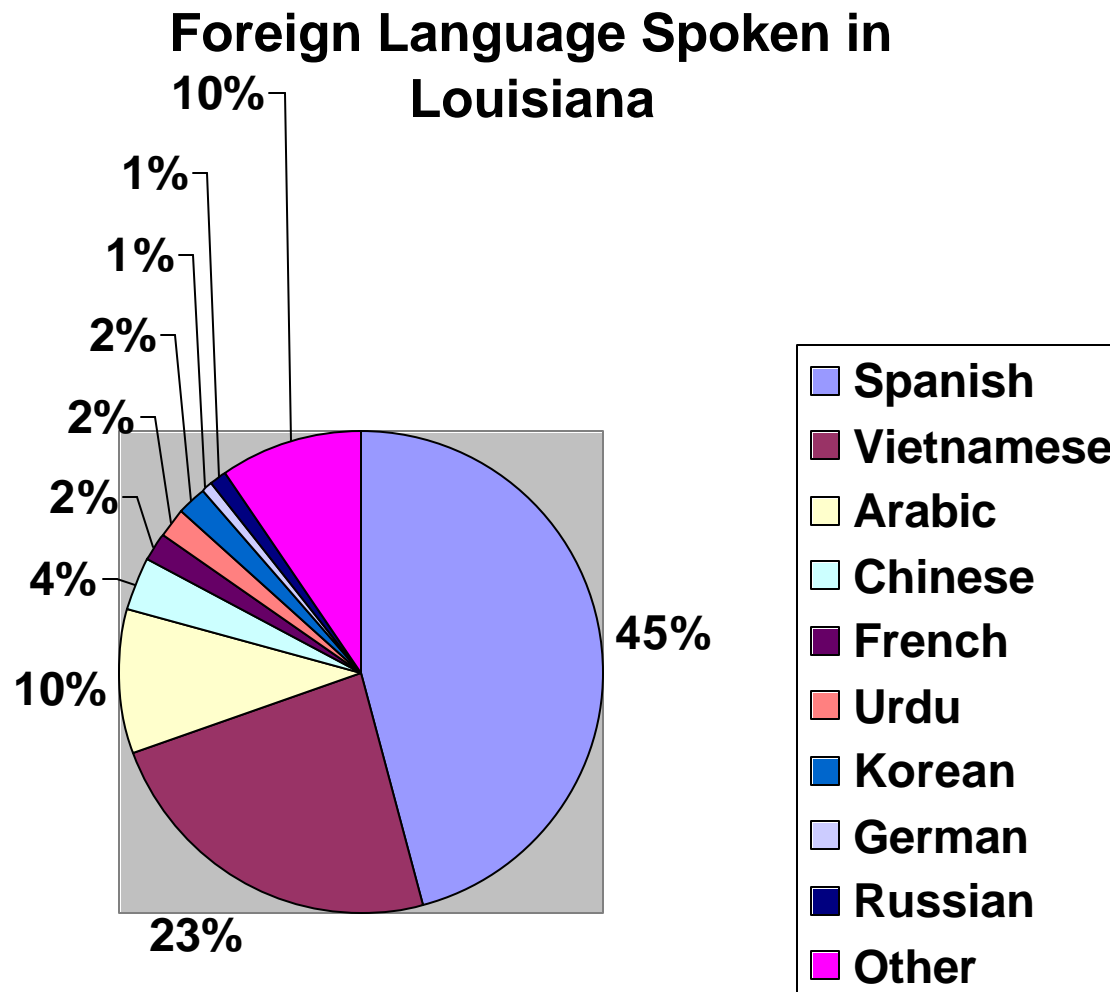
This public awareness campaign was designed to target three key audiences: Parents, Providers, and influential healthcare and daycare providers.

- Parents – Currently enrolled in the system with either positive or negative opinion
- Parents – Who have a child with developmental delay, but do not know about the system or expecting a child and are not aware of services they may need in the Part C system
- Providers – Currently enrolled in the system with either positive or negative opinion

- Providers – Who are not aware they can provide services through Part C
- Circles of Influence – Hospitals (especially birthing units and children's hospitals), OBGYN and PEDS nurses, day care facilities, community centers, churches, and other programs for children

The advertising agency also created print and digital media items to increase awareness about EarlySteps. Materials include: brochures, posters, specialty items, folders, speaker's kits, and TV/radio spots. Additional materials such as fact sheets and flyers were created within the EarlySteps office.

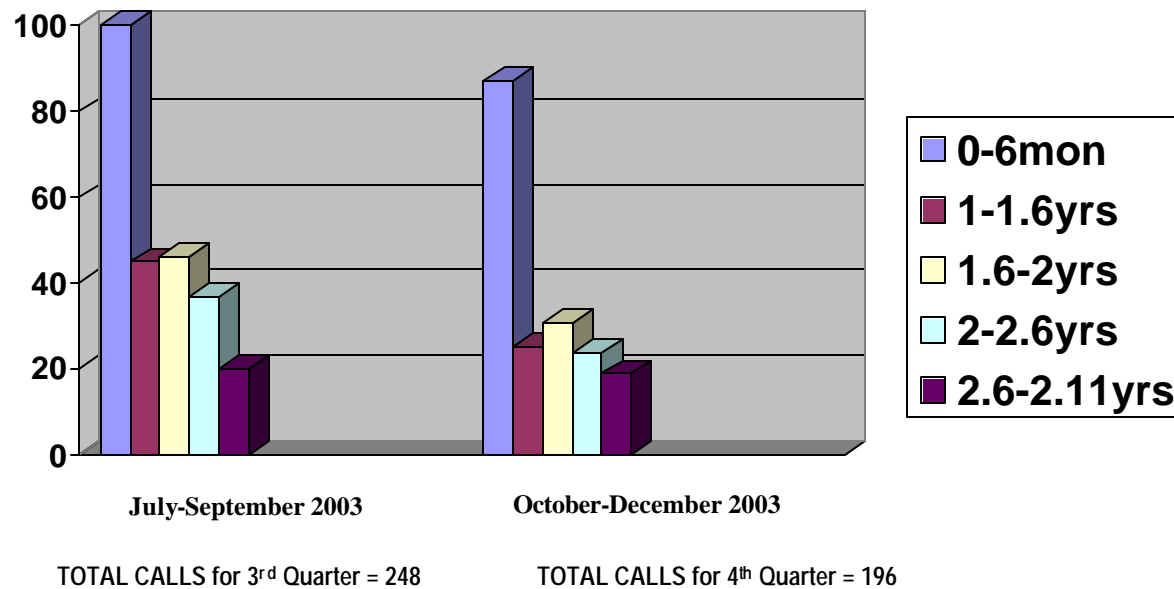
In 2002 Annual Performance Report, the Louisiana Department of Education reported that English and French were the two most common languages spoken in Louisiana. However, based on 2002 Data from the Office of English Language Acquisition, Language Enhancement, and Academic Achievement for Limited English Proficient Students, the two most common foreign languages spoken in Louisiana are Spanish and Vietnamese. Based on this data, EarlySteps developed brochures in English, Spanish, and Vietnamese.



**Source: U.S. Department of Education's Survey of the States' Limited English Proficient Students and Available Educational Programs and Services, 2000-2001

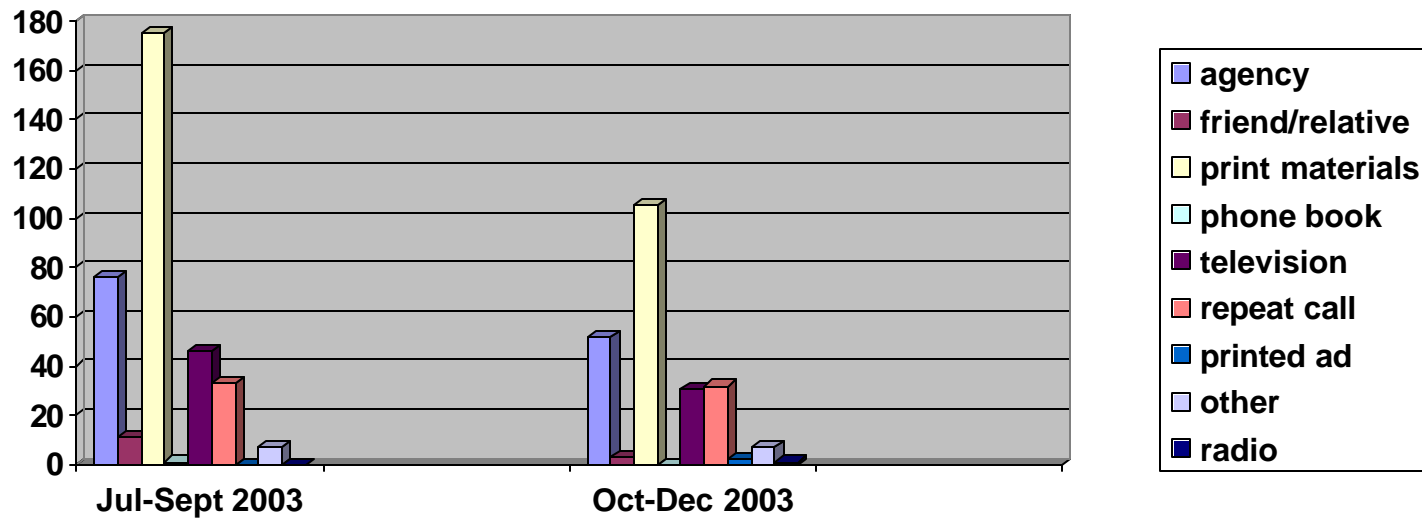
Public Awareness efforts were measured using data from the EarlySteps hotline. Disabilities Information Access Line (DIAL), EarlySteps Central Directory compiled specific reports to indicate the extent to which the hotline was utilized, demographics of the callers, and means by which people heard about the program. Listed below are a series of graphs illustrating the results obtained from the earlysteps hotline.

Number of Calls by Child's Age



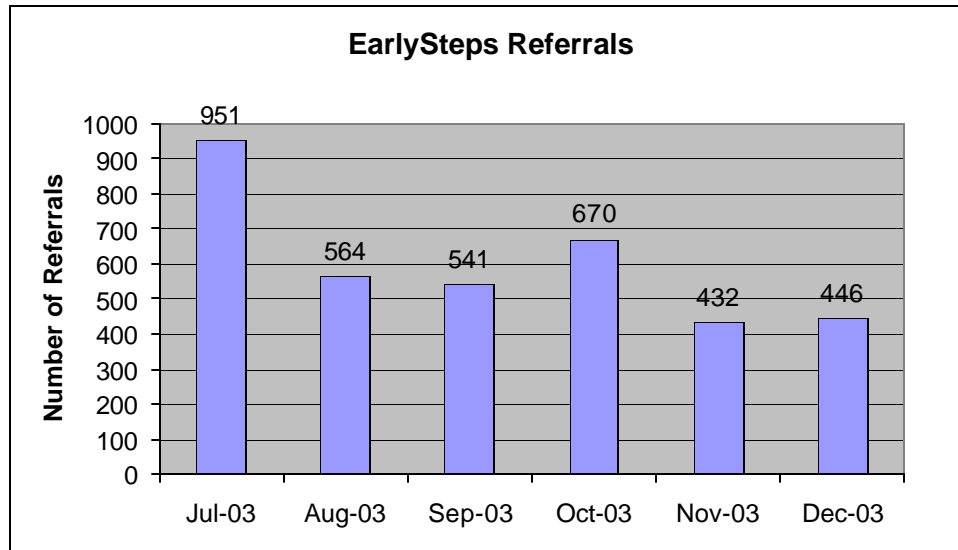
According to the above data, the highest number of calls was related to children 0-6 months of age. There are more calls received between the period of July-September as opposed to October-December.

Number of Calls to DIAL by Public Awareness Strategy



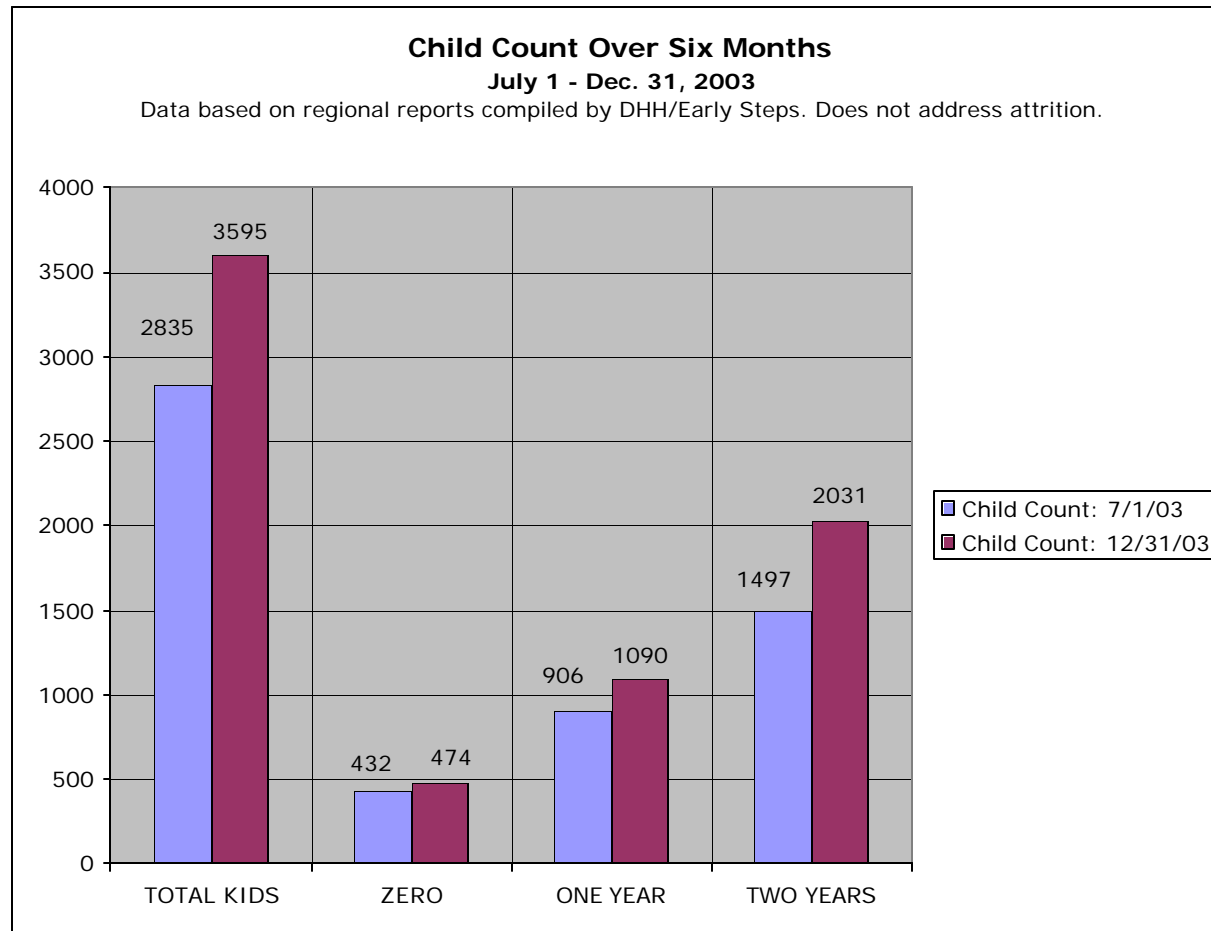
The results above indicate that printed materials were the major source of information for those who called DIAL. During the months of July 2003-December 2003, EarlySteps relied heavily on flyers and word of mouth to raise awareness about the program. This chart indicates that print materials and word of mouth (referrals from agencies and/or friends and relatives) were the most popular source of communication between EarlySteps and the public. At this point in time, EarlySteps did not begin airing television or radio ads until the last week in December 2003, therefore explains the relative low numbers through these mediums.

During the reporting period July 1, 2003 through December 31, 2003, there were a total of 3604 referrals through the EarlySteps system. Listed below is the number of referrals by month.



As of December 1, 2003, Louisiana reported a total of 3,498 eligible children served. Listed below are the specifics by age and race.

Race/Ethnicity	Total	Birth to 1	1 to 2	2 to 3
American Indian or Alaska Native	7			
Asian or Pacific Islander	30			
Black (Not Hispanic)	1566			
Hispanic	45			
White (Not Hispanic)	1850			
Total	3498	460	1088	1950



Although Louisiana reported 3,498 eligible children on December 1, 2003, the chart above compares the number of eligible children by age enrolled in Part C when DHH became the lead agency on July 1, 2003 to the number of children as of December 31, 2003. There was a 27% increase in the number of eligible children served. This reflects a 9.7% increase in 0-1 year old, a 17% increase in 1-2 year olds and a 27% increase in 2-3 year olds.

As Louisiana continues to expand its public awareness campaign and child find activities, DHH intends to review the referral data and referral sources to expand its outreach to identified shortage areas and hard to reach populations by creating mechanisms to target these areas. Future activities include additional media advertisement including television and radio advertisement and targeted outreach. Louisiana will embark on marketing campaign including the proclamation of EarlySteps month in January 2004 as well as statewide television and radio advertisements in the months of January and June 2004.

Cluster Area CIII: Family Centered Services
Question: Do family supports, services and resources increase the family's capacity to enhance outcomes for infants and toddlers and their families?
State Goal: For Reporting period July 1, 2003 through December 31, 2003
Louisiana will ensure family supports, services and resources increase the family's capacity to enhance outcomes for infants and toddlers and their families.
Performance Indicator(s): July 1, 2003 through December 31, 2003
FCS.I The number of family supports, services and resources that will increase the family's capacity to enhance outcomes for infants and toddlers and their families.
1. Baseline/Trend Data: July 1, 2002 through June 30, 2003 Under the DOE as Lead Agency, Louisiana reported 232.72 FTE providing Part C Services
2. Targets: July 1, 2003 through December 31, 2003 Louisiana's goal was to increase the number of service providers to support the need . Louisiana enrolled 1661 providers as of December 31, 2003.
3. Explanation of Progress or Slippage: July 1, 2003 though December 31, 2003 Louisiana increased the provider base though a combination of education, new enrollment policies and training.
4. Projected Targets: January 1, 2004 through June 30, 2004 Louisiana will increase the number of providers by 20% to a total of 2,000 providers.
5. Future Activities to Achieve Projected Targets/Results: January 1, 2004 through June 30, 2004 Louisiana will continue to expand the provider base through its CSPD and CIFMS system with training, education and feedback from the providers and families.
6. Projected Timelines and Resources: January 1, 2004 through June 30, 2004 DHH will utilize federal funds for the CIFMS and CSPD systems.

FCS.I

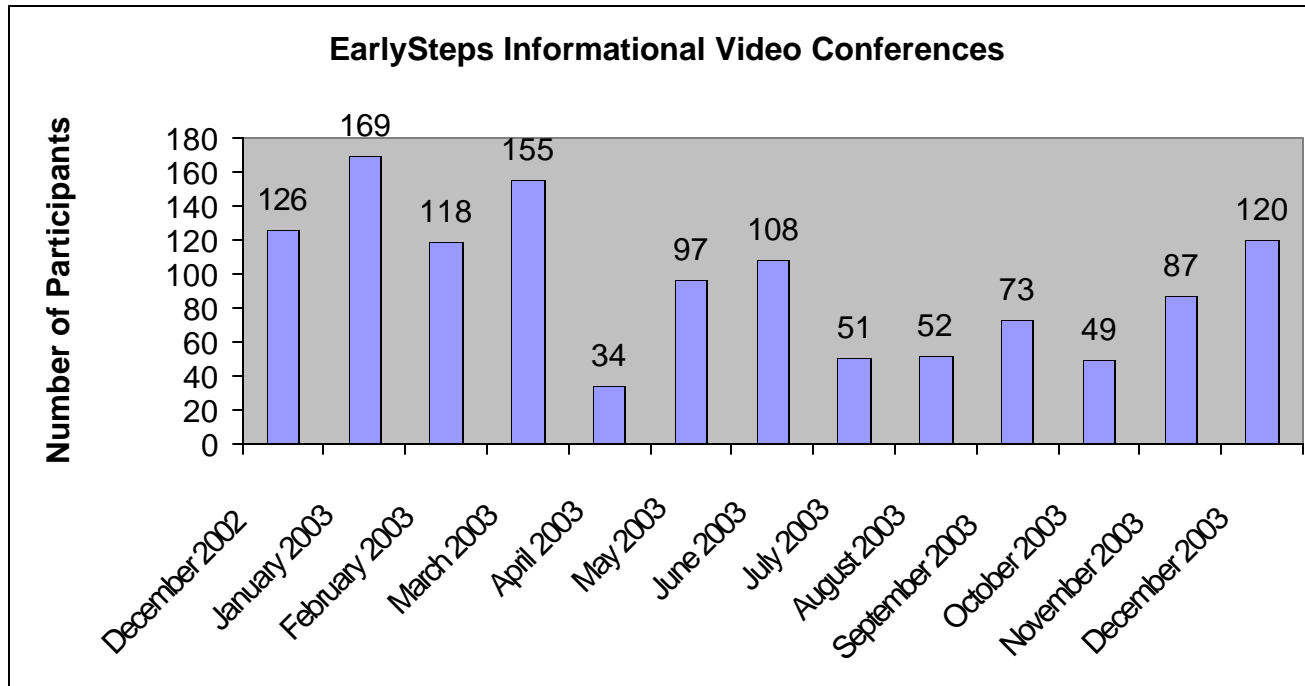
In the 2002 Louisiana APR by the previous lead agency, LA Department of Education (DOE), there were 232.37 FTE positions providing Part C services. DHH became the lead agency for the Louisiana Part C System on July 1, 2003. DHH shifted how services were provided from a contracted based system or direct employees of a school system to a vendor based system to increase the pool of providers for the variety of service types.

Louisiana's goal was to expand the Part C provider enrollment to 1500 providers. This expansion would increase the number of services available to families and to assure that resources were available to meet all IFSP identified services. 1661 providers were enrolled in Part C services between 7/1/03--12/31/03, providing services to 3,498 children (December 1, 2003 child count). DHH was able to increase in the number of providers in all 16 Part C services through a combination of education and training to Family Service Coordinators, development of new enrollment policies, and extensive outreach to community providers.

DHH initiated trainings for Part C Family Service Coordinators and System Point of Entry (SPOE) staff beginning in April 2003. These trainings were developed to ensure that all coordinators were knowledgeable of the Part C law and services, including identification of services and supports necessary to enhance the family's capacity to meet the developmental needs of the child and to meet the unique needs of the child and family. The chart below reflects the number of coordinators participating in the trainings.

FSC & SPOE Training (7/1/03—12/31/03)		
Training Module	Participant	Number Participated
SPOE Implementation (2 days)	All SPOE staff from all 19 SPOEs, including Intake Coordinators	54
SPOE Orientation to Part C (2 days)	All SPOE staff from all 19 SPOEs, including Intake Coordinators	54
FSC 1 (2 days)—Service Coordination	FSC staff from agencies serving Part C statewide	125
FSC 2 (2 days)---IFSP	FSC staff from agencies serving Part C statewide	86
FSC Supervisor	FSC supervisors from agencies serving Part C statewide	100
Evaluation & Assessment	FSC staff from agencies serving Part C statewide	147

EarlySteps staff held several additional informational meetings and videoconferences to keep stakeholders updated on changes to the new system and updates on the system. Listed below is a chart indicating the informational videoconferences held from December 2002 through December 2003. There were a total of 1,239 participants.

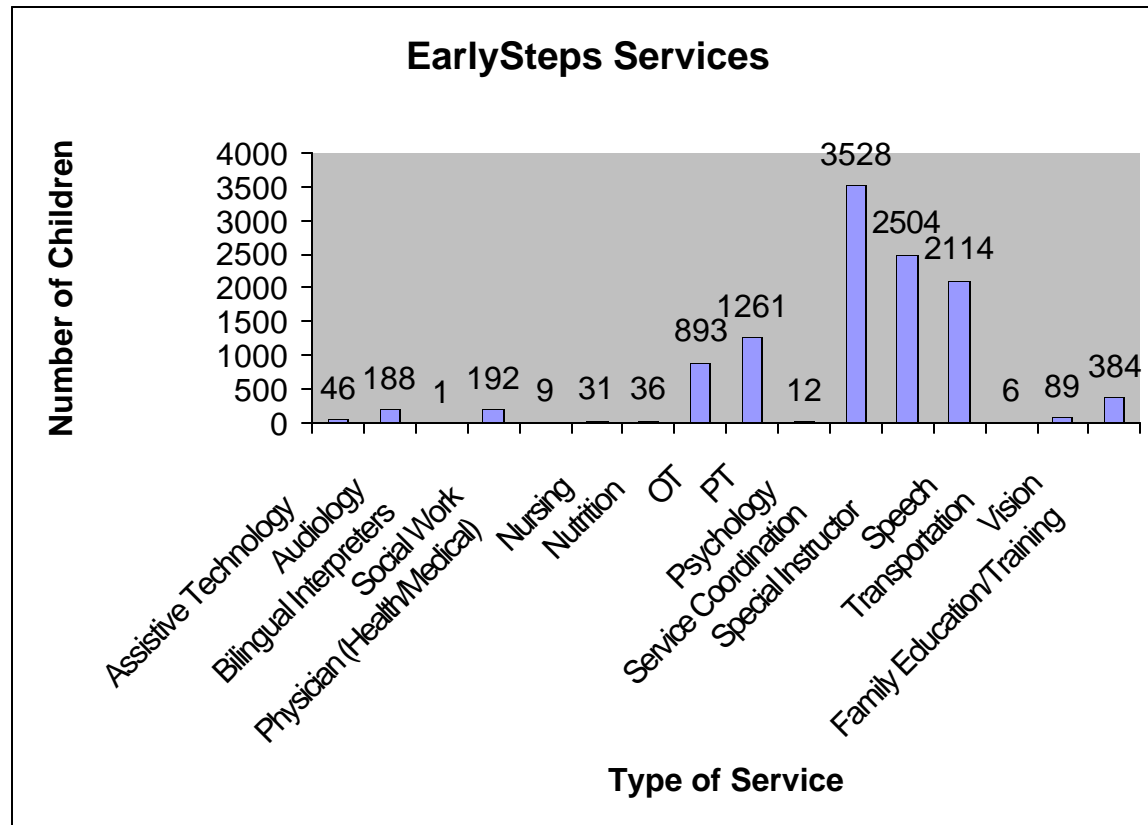


In addition, EarlySteps strived to reach a wide range of other potential providers through informational programs, videoconferences and mailouts. The goal of this outreach information was to enhance providers' knowledge of the Part C system and increase enrollment and resources for families. The table below lists several outreach activities to providers other than FSCs and SPOEs.

Provider Outreach (7/1/03—12/31/03)		
Program/Outreach	Location	Target Audience
Orientation to Part C	Children's Hospital	Allied Health Professionals
Orientation to Part C	Louisiana Public Health Conference	Allied Health Professionals
Orientation to Part C	Office of Public Health Videoconference –10 sites	Allied Health Professionals
		Audiologists & Speech Pathologists
Part C Updates	10 Videoconference sites statewide (held monthly)	Part C Providers
Part C Quick Fact Sheets <ul style="list-style-type: none"> • Eligibility Criteria • Early Intervention Provider Services • Developmental & Medical Services in Part C • Natural Environments • Who to Contact • Nursing Services • Nutrition Services • Special Instruction 		Mailed to ---- providers in 12/03
Articles in Professional Newsletters <ul style="list-style-type: none"> • Louisiana American Academy of Pediatrics 		
Part C Information Booth	Louisiana American Academy of Pediatrics Conference	Pediatricians

DHH has also formed a Health Advisory Committee. The purpose of this committee is to provide guidance, technical assistance and leadership to DHH in informing, education and engageming of the health/medical community in EarlySteps. At present, there are 13 committee members, representing all health disciplines and the respective licensing boards in EarlySteps.

DHH has implemented a data system with the CFO that will measure components of family centered services through tracking the number of services received by children in Part C, as well as other services and systems of support that is coordinated by the FSC. This system is already functional and DHH will be able to utilizing this information for future planning. The chart below illustrates Part C services provided by EarlySteps by the number of children receiving each service during the reporting period of 7/1/03-12/31/03.



In addition, DHH is in the final stages of development and implementation of the Continuous Improvement and Focused Monitoring System (CIFMS). Several components of this system will address issues of family centered services. The CIFMS is being designed to collect and report data in several ways to obtain information on family perceptions and family satisfaction at different points in the service delivery process, such as at IFSP development, review and at transition. Community Outreach Specialists will be trained to conduct focus groups with families and to ask key questions regarding family satisfaction and needs. A Parent Survey is also being developed to examine families' perception and satisfaction of services and whether or not family supports, services and resources increased the family's capacity to enhance outcomes for their child and family.

DHH has a goal to increase enrollment of providers by 20% for a total 2,000 providers. DHH intends to utilize the data system to specifically target provider shortage areas.

DHH will also utilize endeavors to expand provider enrollment through participation in conferences, newsletters and continued outreach. The EarlySteps Health Advisory Committee has already assisted in informing and linking DHH to potential avenues to reach providers through licensing boards and professional organizations. DHH will continue to work with the EarlySteps Health Advisory Committee to target activities to reach additional providers with information about working in the EarlySteps System.

DHH adopted personnel standards recommended by the Personnel Preparation Committee of the SICC. In order to provide services in EarlySteps, all providers must meet minimal personnel standards. In addition, DHH will also strive to increase supports, services and resources to families through its Comprehensive System of Personnel Development (CSPD) which includes mandatory Part C trainings for all enrolled providers, utilizing OSEP funds. These trainings will seek to enhance provider knowledge of the wide range of Part C services that can be provided to increase the family's capacity to enhance outcomes for infants and toddlers and their families. The training will consist of modules focused on Orientation of Part C which include the laws, regulations and the state and federal policies and procedures; Evaluation and Assessment which will focus on evaluating to determine eligibility and assessing the needs of the child and families for services; and IFSP which will focus on the development and implementation of the IFSP. Louisiana's CSPD training system seeks to build state capacity of trainers that represent a wide variety of disciplines representative of Part C services, as well as parents and family members.

There are 26 scheduled CSPD trainings scheduled from April 6, 2004—June 30, 2004 at 4 sites across the state. The initial trainings will be conducted by a contract agency. However, DHH will hold a Train-The-Trainer Institute March 31-April 2, 2004 to prepare Louisiana trainers to continue trainings on an ongoing basis.

Family information is critical and builds on the awareness of the vital role families' play in the early intervention system. Data collection using focus groups and provider surveys are scheduled to begin in June 2004.

In addition, DHH will begin to work with other state agencies and programs to build awareness and training opportunities for providers and families in the Part C system.

Cluster Area CIV: Early Intervention Services in Natural Environments

Question: Are early intervention services provided in natural environments meeting the unique needs of eligible infants and toddlers and their families?

State Goal: July 1, 2003 through December 31, 2003

Louisiana will ensure early intervention services provided in natural environments meet the unique needs of eligible infants and toddlers and their families.

Performance Indicator(s): July 1, 2003- December 31, 2003

CE.I Families have access to a Service Coordinator that facilitates ongoing, timely early intervention services in natural environments.

CE.II The timely evaluation and assessment of child and family needs lead to identification of all child needs, and the family needs related to enhancing the development of the child.

CE.III IFSPs include all the services necessary to meet the identified needs of the child and family. All the services are identified on IFSPs provided.

CE.IV Children are receiving services primarily in natural environments. If not, children have IFSPs that justify why services are not provided in natural environments.

CE.V Percentage of children, participating in the Part C program, demonstrates improved and sustained functional abilities. (Cognitive development; physical development, including vision and hearing; communication development; social or emotional development; and adaptive development.)

1. Baseline/Trend Data: July 1, 2003 through December 31, 2003

In Louisiana, 80% of services are provided in the natural environments. IFSP timelines on average is 46 days.

2. Targets: July 1, 2003 though December 31, 2003

3. Explanation of Progress or Slippage: July 1, 2003 through December 31, 2003

4. Projected: January 1, 2004 through June 30, 2004

In Louisiana, 90% of services will be provided in the natural environment. In addition, IFSP timelines on average will within the 45 day timeline.

5. Future Activities to Achieve Projected Targets/Results: January 1, 2003 though December 31, 2004

Future actives will include outreach to promote services in the Natural Environment. In addition, technical assistance to SPOEs to meet the 45 day federal requirement.

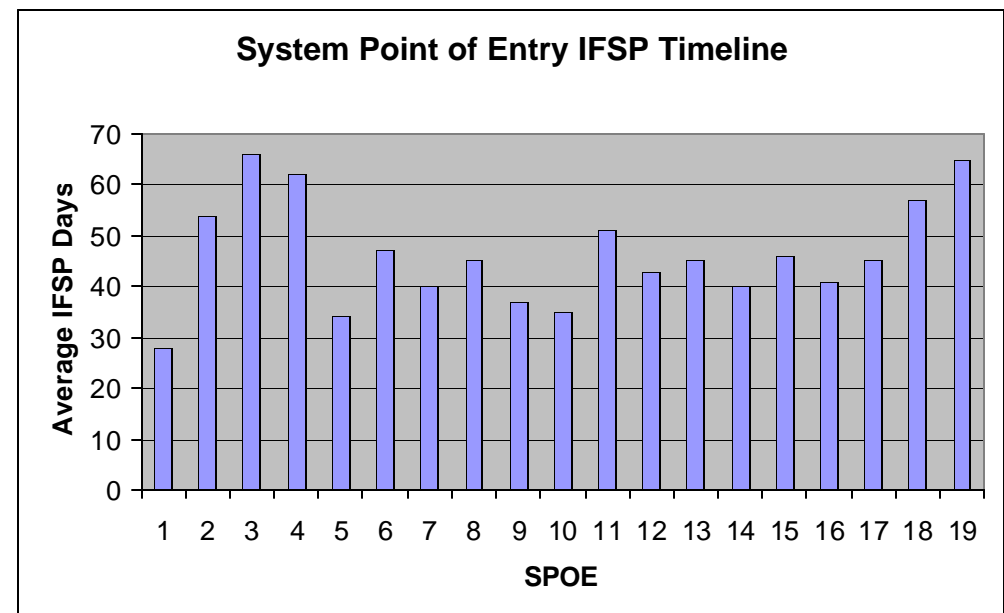
6. Projected Timelines and Resources: January 1, 2004 through June 30, 2004

Louisiana will utilize federal and state resources to support Natural Environment.

CE.I and CE.II

Service Coordination is a critical service that all children in EarlySteps receive. In Louisiana, the system of service coordination is completed by two types of service coordination, Intake Coordinators and Family Service Coordinators. Intake Coordinators, who are employees of the SPOE, serve as the service coordinator assigned to work with the family during the intake phase of the system. This type of service coordinator specializes in the steps of intake, information gathering, eligibility determination, and initial IFSP development. The initial IFSP development occurs within 45 days of referral.

The chart below illustrates by System Point of Entry average timelines from referral to intake. During the reporting period July 1, 2003 through December 31, 2003, there were a total of 2,086 new referrals that completed the initial IFSP in the system. On average statewide, Louisiana timeline is 46 days. As the chart illustrates, there are System Points of Entry that are on average passed the 45 day timeline. Although there were several factors that affective timelines, specifically data conversion activities of transfer children from the Department of Education, DHH must ensure that timelines are met. As a component of the CIFMS system, DHH has provide intensive technical assistance to SPOEs and will monitor to ensure compliance to this federal requirement.



Family Service Coordinators or FSCs provide on-going service coordination for as long as the child is eligible for Part C services. This type of service coordinator specializes in the on-going duties associated with the implementation of early intervention services and the IFSP. Each child eligible and the child's family is provided with one service coordinator who is responsible for coordinating all services across agency lines to serve as the single point of contact in helping parents to obtain the services and assistance they need.

Service coordination in Louisiana is an active, ongoing process that involves:

1. Assisting parents of eligible children in gaining access to all services identified in the individualized family service plan
2. Coordinating the provision of early intervention services and other services (such as medical services for other than diagnostic and evaluation purposes) that the child needs or is being provided
3. Facilitating the timely delivery of available services
4. Continuously seeking the appropriate services to benefit the development of each child being served for the duration of the child's eligibility.

CE.III

The IFSP is in writing and contains the following information:

1. A statement of the child's present levels of physical development (including vision, hearing, and health status), cognitive development, communication development, social or emotional development, and adaptive development based upon objective criteria
2. With the concurrence of the family, a statement of the family's resources, priorities, and concerns (needs) related to enhancing the development of the infant or toddler with a disability
3. A statement of the major outcomes expected to be achieved for the infant or toddler and family; and the criteria, procedures, and timelines used to determine:
 - a. The degree to which progress toward achievement of the outcomes is being made
 - b. Whether modifications or revisions of the outcomes or services are necessary
4. A statement of the specific early intervention services necessary to meet the unique needs of the infant or toddler and family including the frequency, intensity, and method of delivering the services
5. A statement of the natural environments in which early intervention services shall appropriately be provided, including a justification of the extent, if any, to which the services will not be provided in a natural environment
6. The location of services and the payment arrangements, if any
7. Other services needed, but not required, by Part C. To the extent appropriate, the IFSP must include:
 - a. Medical and other services that the child needs but that are not required by Part C
 - b. The funding sources to be used in paying for those services or the steps that will be taken to secure those services through public or private sources.
8. The projected dates for initiation of the early intervention services (with the exception of the other services required in number 7) as soon as possible after the IFSP meeting
9. The projected dates of duration of the early intervention services

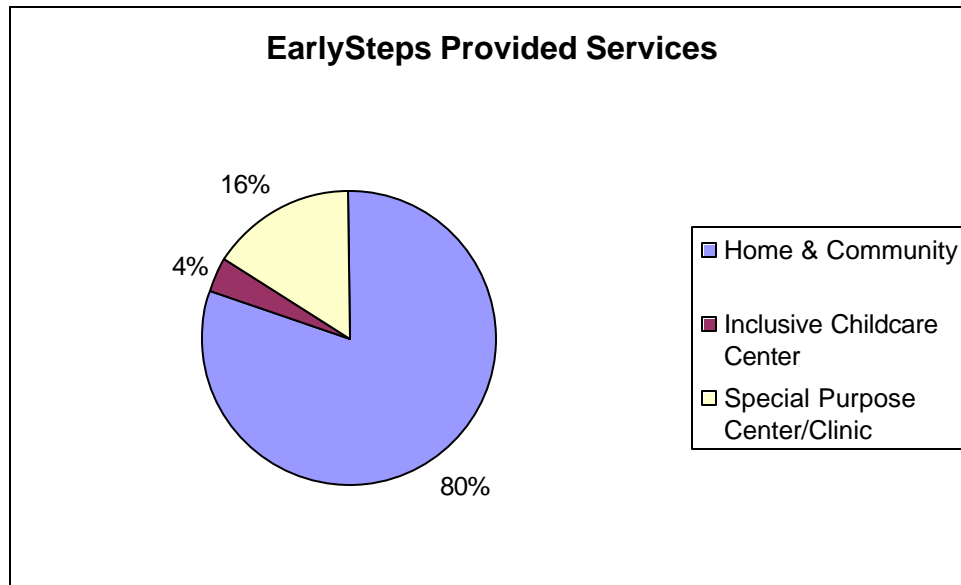
10. The name of the FSC who is responsible (with the family) for the implementation of the IFSP, ongoing monitoring of the IFPS, and coordination with other agencies and persons. In meeting this requirement, the System Point of Entry responsible for coordinating the initial IFSP meeting will assist the family in the selection of the FSC
11. Transition from the program at age three. This may be a statement of plans for transition at age three:
 - a. To preschool services under Part B of IDEA to the extent appropriate, or
 - b. To other appropriate services if available such as Head Start, Child-Care, Title I Preschool Programs, etc.
 The steps for transition must include:
 - a. Discussions with, and training of parents regarding future placements and other matters related to the child's transition
 - b. Procedures to prepare the child for changes in service delivery including steps to help the child adjust and function in a new setting
 - c. Transmission of information about the child to the local education agency to ensure continuity of services including evaluation and assessment information and IFSPs. This requires parental consent.
12. A statement describing assistive technology services or devices, as appropriate, including:
 - a. identification of the professional who will assist the family with the assistive technology device
 - b. the outcome(s) the assistive device supports or facilitates
 - c. where the device is maintained or located
 - d. a statement of the frequency and intensity of the time the device/service is used
 - e. method by which the device/service is provided

CE.IV

The federal and state requirements for natural environment require that the IFSP team begin with the settings, routines, and activities of the child and family as the “starting point” for early intervention supports and services. In addition to services provided in the child’s home, the IFSP team looks to community programs that the child would typically participate in --such as a neighborhood childcare facility, nursery or preschool program, or playgroup. A written justification must accompany the IFSP when a service will be provided in a setting other than the home, other family location, or community setting. This justification must also state how the family will be informed and involved in the provision of services should more restrictive settings be used.

Restrictive settings include locations that serve only children with disabilities or where the majority of children have disabilities. These settings may be appropriate when an IFSP team has determined that this service delivery is necessary to achieve the outcomes for a particular child. In this case, the IFSP team discusses whether that teaching and learning method is appropriate for the developmental needs of the child and if the setting will, in fact, increase meaningful engagement with the typical environment in which the child participates.

In collaboration with the SICC, DHH instituted a provider fee structure to promote natural environments. Providers are reimbursed at a higher rate for home and community based settings. The Natural Environment Committee of the SICC recommended a three tier structure of service delivery based on the location of service. Special Purpose Center/Clinic is settings where the majority of children served have disabilities (50% or greater children with disabilities. Inclusive Childcare Centers are settings where children with disabilities are included with a higher ratio of typically developing children (31-49% of children with disabilities). Home & Community are settings are considered natural environment settings where the majority of children served has no disabilities (30% or less of children with disabilities). The chart below represents claims service data between 7/1/03 and 12/31/03. Eighty percent of the services are provided in the home and community settings.

**CE.V**

As a component of the CIFMS process that will include focus groups and survey of parents and providers, DHH will develop a mechanism to report the percentage of children, participating in EarlySteps that may demonstrate improved and sustained functional abilities. The Parent Survey is also being developed to examine families' perception and satisfaction of services and whether or not family supports, services and resources increased the family's capacity to enhance outcomes for their child and family.

Cluster Area CV: Early Childhood Transition

Question: Do all children exiting Part C receive the transition planning necessary to support the child's transition to preschool and other appropriate community services by their third birthday?

State Goal: July 1, 2003 through December 31, 2003

Performance Indicator(s): July 1, 2003 through December 31, 2003

The number of children exiting Part C receive the transition planning necessary to support the child's transition to preschool and other appropriate community services by their third birthday.

1. Baseline/Trend Data: July 1, 2003 through December 31, 2003

In Louisiana, 110 children receive transitional planning meetings to support the child's transition to preschool and other appropriate community services.

2. Targets: July 1, 2003 through December 31, 2003

3. Explanation of Progress or Slippage: July 1, 2003 through December 31, 2003

4. Projected Targets: January 1, 2004 though June 30, 2004

5. Future Activities to Achieve Projected Targets/Results: January 1, 2004 though June 30, 2004

In collaboration with Part B and other preschool services, Part C will provide technical assistance and training to support transition.

6. Projected Timelines and Resources: January 1, 2004 though June 30, 2004

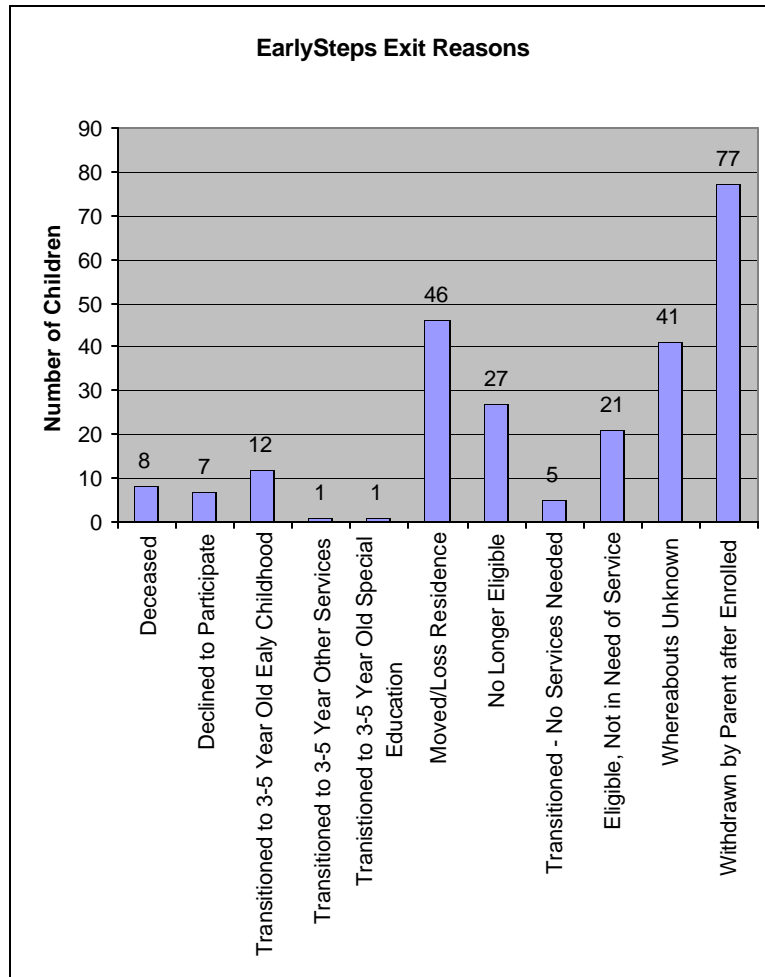
Louisiana will utilize federal and state resources to support transition. Louisiana will continue to work in collaboration with Part B and other community services to support transition.

State and federal regulations require that transition planning be documented as part of the IFSP development. This includes a written plan any time that the team is aware of, or anticipates, any significant upcoming transition for the child and family (hospitalizations, changes of service provider, moves, etc). A transition plan is required for movement into, within and from the system.

For those children and families experiencing a transition into or within the Part C system, the Intake/FSC must identify the specific nature of the transition with the family and then document the transition issues with the other team members. The IFSP team must discuss how services will be provided (or what modifications are needed) to facilitate a smooth transition and to ensure that there will be no unnecessary disruption in services for the eligible child and family.

In addition to the actual transition that all newly referred and eligible children and families experience into Part C, some other examples of early transitions include significant family changes (impending birth of a new child, family relocation or job change, unemployment, divorce or marriage, etc.). As families enter into EarlySteps, they will be encouraged to talk about any questions or concerns they have about receiving services.

The FSC and the family talk together to identify the needs of the child and family in order for a successful transition. Transition planning and preparation will require a longer period of time if the child is exiting from the Part C system. The chart below illustrates various reasons children exits the EarlySteps system.



All options, including referral to the local school for Part B special education services, are considered and discussed with the family. A transition plan must be developed that identifies other appropriate options for the child and family including private preschool, Head Start, child care, or other community early childhood programs.

Special consideration is given to transition planning when children will no longer be receiving a service or when a child has died. In the first situation, there should be sufficient time for the provider and family to disengage in a positive and emotionally reinforcing time. In the latter situation, the FSC should continue to provide support and referrals to the family as needed during the grief period. Referrals to a social worker, psychologist, or support group may be needed for the family.

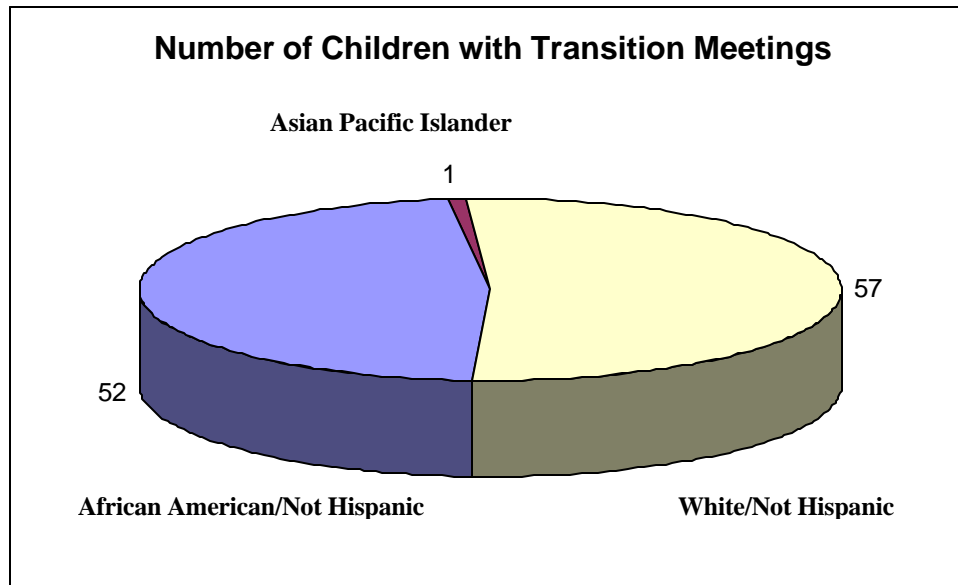
Transition at Age 2 years, 6 months:

The State of Louisiana has developed the following policies and procedures to ensure a smooth transition from Part C services to Part B services for children with disabilities and/or to other appropriate services at age three:

- At least six months prior to the child's third birth date, the Part C FSC will convene an IFSP meeting to discuss the transition process with the parents and other team members and to develop a transition plan. At this time, the team will document the steps to be taken to transition to the public school and/or other services, as appropriate.
- Local school district personnel must attend this IFSP meeting.
- Other appropriate community resource representatives should attend this IFSP meeting.

The FSC, the appropriate future services provider agency representative (LEA, Head Start, Child care provider, etc.), the family, and other team members will review the child's future program options and establish a transition plan. If the parent agrees to have their child's eligibility determined for the public school's early childhood special education (ECSE) program, the FSC shall obtain release(s) of information to the public school at this meeting. Any information that will assist the district in determining the child's eligibility and programmatic needs should be considered for release.

The data system collects service coordination meetings regarding transition. There were a total of 110 children receiving transition meetings during the reporting period July 1, 2003 through December 31, 2003. The chart below illustrates the number of children by race/ethnicity.



Regardless of the nature or type of transition being experienced or planned for an individual child and family, it is the responsibility of the FSC to inform other team members, to work with the family to identify the essential supports and plans needed to be successful in the new setting or during a period of change, and to document efforts to maintain the integrity of the IFSP process for the child's early intervention record.

ATTACHMENT 1
Cluster Area I: General Supervision
Dispute Resolution – Complaints, Mediations, and Due Process Hearings Baseline/Trend Data
 (Place explanations to Ia, Ib, and Ic on the Table, Cluster Area I, *General Supervision*, Cell I, *Baseline/Trend Data*)

Ia: Formal Complaints						
(1) July 1, 2002 - June 30, 2003 (or specify other reporting period: __/__/__ 03 to __/__/__ 03)	(2) Number of Complaints	(3) Number of Complaints with Findings	(4) Number of Complaints with No Findings	(5) Number of Complaints not Investigated – Withdrawn or No Jurisdiction	(6) Number of Complaints Completed/Addressed within Timelines	(7) Number of Complaints Pending as of: 12/31/03 (enter closing date for dispositions)
TOTALS	7	5	2	0	4	1

Ib: Mediations					
(1) July 1, 2002 - June 30, 2003 (or specify alternate period: __/__/__ to __/__/__)	Number of Mediations		Number of Mediation Agreements		(6) Number of Mediations Pending as of: __/__/__ (enter closing date for dispositions)
	(2) Not Related to Hearing Requests	(3) Related to Hearing Requests	(4) Not Related to Hearing Requests	(5) Related to Hearing Requests	
TOTALS					

Ic: Due Process Hearings				
(1) July 1, 2002 - June 30, 2003 (or specify alternate period: __/__/__ to __/__/__)	(2) Number of Hearing Requests	(3) Number of Hearings Held (fully adjudicated)	(4) Number of Decisions Issued after Timelines and Extension Expired	(5) Number of Hearings Pending as of: __/__/__ (enter closing date for dispositions)
TOTALS				

ATTACHMENT 4

**ALL SOURCES OF FUNDING FOR EARLY INTERVENTION SERVICES:
IDENTIFICATION AND COORDINATION OF RESOURCES**

Louisiana**Reporting Period**

Funding Sources and Supports During the Reporting Period					
Sources of Funding	Amount of Funding	In-Kind Contribution	Services and/or Activities Supported by Each Source	Barriers to Accessing Funds	Comments
Federal Part C	\$6,819,506.				
Federal (Specify)					
State* (Specify)					
Interagency Transfer (Medicaid) Estimate	\$7,816,337.				
S/L Match	\$2,676,799.				

* Be sure to include all sources of Federal, State, and/or local programs, including: Maternal & Child Health (Title V), Medicaid, Developmental Disabilities, Head Start, TriCare, Part B, etc.

ATTACHMENT 4

**ALL SOURCES OF FUNDING FOR EARLY INTERVENTION SERVICES:
IDENTIFICATION AND COORDINATION OF RESOURCES**

Funding Sources and Supports During the Reporting Period					
Sources of Funding	Amount of Funding	In-Kind Contribution	Services and/or Activities Supported by Each Source	Barriers to Accessing Funds	Comments
Local* (Specify)					
Private Insurance, Fees					
Other(s) Non-Federal (Specify)					
Total Early Intervention Support	\$17,312,642.				